

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7	1					
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		4				
18		1				
19		1				
20		2				
21		2				
22	1					
23	1					
24	1					
25		9				
26		9				
27		9				
28		9				
29		9				
30		9				
31		2				
32		2				
33		2				
34		2				
35		2				
36		①				
37	1					
38		3				
39		3				
40		3				
41	1					
42		1				
43	1					
44	1					
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TOTAL IND.	9		↓		↓	↓
TOTAL DEP.	61	↓	↓	↓	↓	↓
TOTAL CLAIMS	70	██████████	██████████	██████████	██████████	██████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓	↓		↓	↓
TOTAL DEP.		↓	↓		↓	↓
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS